tuba, and another one with incomplete ovarian resection. One patient in this group that had initial laparotomy, needed a second look surgery post-chemotherapy. Most frequent tumour stage were FIGO IA in 51.7% of cases (36.8% in malignant tumours). The most frequent surgery (89.6%) was unilateral oophorectomy. 25/29 patients are alive and disease-free. In conclusion, the application of laparoscopic techniques to paediatric cancer patients is a safe and effective diagnostic, staging and treatment modality.

GCT-63 Imaging of germ cell tumours: Tips and tricks

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Background: Germ cell tumours account for 15% of ovarian tumours. Imaging of these patients provides important diagnostic information that is critical to appropriate management of these cases.
Methods: Typical imaging features will be demonstrated on different imaging modalities including ultrasound, CT and MRI. Features that are concerning for malignancy and distinguishing features for different types of germ cell tumour will be highlighted with particular reference to imaging protocols and acquisition. Examples of common pitfalls in image interpretation will be described. Diagnostic tips on image interpretation in residual and recurrent disease and benign mimics will also be demonstrated. This will be provided from cases reviewed at a tertiary centre of gynae-oncology cancer centre.
Conclusion: Correct image interpretation is vital to guide appropriate clinical patient management. Imaging of germ cell tumours can be challenging and awareness of common pitfalls as well as helpful features in interpretation of these cases is of benefit to the entire multidisciplinary team.

High-Dose Chemotherapy

GCT-64 High-dose chemotherapy (HDCT) for recurrent ovarian germ cell tumours (OGCT): A single centre experience

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Background: OGCT are a rare subtype of ovarian cancer accounting for less than 5% of malignant ovarian cancers. First-line platinum combination chemotherapy has a 70–80% cure rate. Scant data are available regarding the management of recurrent malignant OGCT. Here we present the outcomes with HDCT in patients with recurrent OGCT at Charing Cross Hospital, London, UK.
Methods: We performed a retrospective review of recurrent OGCT who underwent HDCT at Charing Cross Hospital. Demographics, disease variables, treatments and outcomes were analysed.
Results: Median age at the time of HDCT and histological subtypes will be presented as well as the median number of prior chemotherapy treatments. Median overall survival (OS) will be presented. The data will demonstrate that HDCT is an effective treatment for recurrent OGCT. Trials to prospectively evaluate HDCT as an early intervention in these patients seem justified.

GCT-65 The management of late relapse post chemotherapy in testicular cancer: Optimal outcomes with dose intense salvage chemotherapy and surgery

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Background: Late relapse in advanced testicular cancer is defined as disease recurrence more than two years after primary therapy. The optimal management for this rare group of patients is unclear. We report one of the largest series to date of late relapse specifically following combination chemotherapy for metastatic disease, identifying prognostic factors and survival outcomes following relapse treatments.
Methods: We performed a retrospective analysis of patients treated for advanced testicular cancer in St Bartholomew's Hospital, London, UK between 1995 and 2016. We identified 53 cases of late relapse following chemotherapy for metastatic disease. Outcomes and interventions in this group were reviewed.
Results: Across the cohort, progression-free survival (PFS) at 36 months was 41% and overall survival was 61%. Multiple factors correlated with PFS.

1. Use of a dose-intense or high-dose relapse chemotherapy regimen significantly improved PFS compared to use of a conventional dose regimen (3 weekly ifosfamide-based regimens) ($p = 0.0036$, PFS 48 vs 9.8 months). Tumour burden between these two groups was similar, as evidenced by the lack of significant difference in levels of tumour markers.
2. Resection of residual disease post-relapse chemotherapy was associated with improved PFS ($p = 0.0076$, HR 3.46).
3. There was a non-significant trend towards worse PFS in the very late relapse group (>7 years from initial treatment).

This study provides new insight into prognostic factors in this rare late relapse group. These results suggest optimal treatment should include dose-intense/high dose chemotherapy when indicated and maximal surgical resection to all sites of disease.

GCT-66 Haematopoietic stem cell transplantation for children with germ cell tumours: Experience of the National Multicentric Paediatric Germ Cell Group

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Background: High-dose chemotherapy with autologous haematopoietic stem cell transplantation (HSCT) is a therapeutic option mainly investigated in adult patients with germ cell tumours (GCTs). However, even in the adult population, the role of HSCT in GCTs remains controversial. Our objective is to describe the Brazilian experience with HSCT for children with GCTs.
Methods: We reviewed the medical records of all patients who underwent transplantation for treatment of extracranial GCTs at two Brazilian paediatric HSCT centres.
Results: From November 2001 to March 2018, 33 patients with GCT underwent autologous HSCT (17 male and 16 female). Their median